AR1113 1999

## STATE OF ARKANSAS PHENYLKETONURIA DISORDER CREDIT

Individual Income Tax Return

Taxpayer's Name:		Taxpayer's Social Securit	Taxpayer's Social Security Number:	
Child's Name: Child's		Child's Social Security Nu	hild's Social Security Number:	
children with Phenylketonur low protein modified food pro	ia (PKU), for expenses incurred for ducts. Any unused credit amount	owed to individuals or to families with a deport of the purchase of medically necessary necessar	edical foods and o (2) years. This	
Enter the total cost of medically necessary foods and low protein modified food products:			00	
2. Maximum Credit Allowed:			\$2,400 00	
3. Available Credit: (Enter the lessor of Lines 1 or 2).			00	
4. Enter Net Tax Due after taking all credits except Business Incentive Credits and this credit:			00	
5. Credit Allowed: (Enter the lessor of Lines 3 or 4 here and on Line 50, AR1000/AR1000NR)			00	
6. Credit carryforward: (Subtract Line 5 from Line 3 and enter here. If less than zero enter 0)			00	
	I declare that the above child h	nas been diagnosed with phenylketonuri	a disorder and	
Taxpayer	Date	Spouse (if applicable)	Date	